SUBMIT: COMPLETED APPLICATION, TAX

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

MAR 052014

Date Stamp (Received)

Permit #: Date: # 175 H T-0006

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

	< ×	-	14441			e: (explain)	Conditional Use: (explain)		
_	×	_] 4	
			1111	1 / 61	-	AG 5 1 (uleidx	Special Use: (explain)	×	
•	×	~	in Poula	1	10/12 11	7	Sanaial Hear (a)	ă.	
-	\ ×	+-	4	y)	Accessory Building Addition/Alteration (specify)	ding Addition/A	Accessory Buil		
	: ×					ding (specify)	Accessory Building		☐ Municipal Use
)	×	1				ration (specify)	Addition/Alteration		
)	×		The state of the s	<u> </u>	te)		Mobile Home (manufactured o	-	
)	× ;	_	& food prep facilities)	or Tooking &	age	with Attached Garage	wit	Π	K Commercial Use
- -	× >	1-	- MANAGE - M	- min		with (2"") Deck	wit		
-	< ×					with a Deck	wit		
	< ×	1				with (2 nd) Porch	wit		
_	: ×	+	A A A A A A A A A A A A A A A A A A A		To the state of th	with a Porch	wit	Ю	💢 Residential Use
_	×	-				with Loft	, itw		•
	×		444	-	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on pro Residence (i.e. cabin, hunting shack, etc.)	Principal Struct Residence (i.e.		
ons Footage	Dimensions X	-		ire	Proposed Structure			\	Proposed Use
Height:		-	Width:		Length:			ion:	Proposed Construction:
Height:			Width:		Length:	evant to it)	g applied for is reli	if permit bein	Existing Structure: (If permit being applied for is relevant to it)
			None				n rental	X Short term rental	×
		16				Foundation	o	Property	
	ontract)	ervice co		□ None		No Basement		☐ Run a Business on	
Vaulted (min 200 gallon)	ulted (m	, l	□ Privy (Pit) or	- "		Basement	□)	Relocate (existing bldg)	
	Specify Type:	s) Spe	☐ Sanitary (Exists) Specify Type:	3 2	X Year Round	1-Story + Loft		Addition/Alteration	\$
	ify Type:	- 1		1	Seasonal	1-Story		New Construction	
Ä	What Type of wer/Sanitary System is on the property?	What Type of er/Sanitary Sys on the propert	Se	# bedrooms	Úse	# of Stories and/or basement		Project (What are you applying for)	Value at Time of Completion * include donated time & material
									□ Non-Shoreland
□ No □ No		ne : _feet	Distance Structure is from Shoreline :fee	Distance St	Pond or Flowage If yescontinue>	feet of Lake, Ponc	X Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	ls Property/	V.
 	Floodpl	feet	15+	1/5	scontinue	iplain? If yes-	Creek or Landward side of Floodplain?	reek or Land	T -
ls Property in Are Wetland	700	ne:	ucture is from Shoreline :	Distance Str	m (incl Intermittent)	et of River Stree	1. Description of the state of the stream like Intermittent	1- 1	
Acreage 4.64		Lot Size		27.65	Town of:	. 09 w	り, Range	_ , Township	Section <u> </u>
╡ ′,	十 ii	Plat	Block(s) No.	S (8) No.	Vol & Page	Lot(s) CSM	Gov't Lat	E 1/4	SE 1/4, N
Page(s) 39	Supposed Sup	Volume_	00-301-0360	09-25-1	2-47-	ment) 04- (23 digits)	on: (Use Tax Statement)	Legal Description:	PROJECT Le
Written Authorization Attached Wes No	Sed Sed	2 S C 2 S C 2 S C 2 S C 2 S C	Agent Mailing Address (include City/State/Zip): しるのの ストロート はっているのでしている。 「「「「「「「「」」」、「「「」」、「「」」、「「」」、「「」」、「「」」、	Agent Malling A によるられい	8085		ation on behalf of Owne てっい(ここ	1 Signing Applica	Authorized Agent: (Person Signing Application on behalf of Owner(s)) S P L L ソー・マー・マー・マー・マー・マー・マー・マー・マー・マー・マー・マー・マー・マー
Plumber Phone:		<u>.</u>	respond	Plumber:	Contractor Phone: P	Contrac			
651 231-			14845	P E H	RON RIVER	City/State/Zip: エ R C I V		7 O 7	t Prope
	Seas	-3 -2	FOREST LAKE	E CER	KETTLE	 	E B	E ACK	CECNARD & SAL
Telephone:			City/State/Zip:		Mailing Address:		ていこすべてるが	シング	

SEPTIC SYSTEM HAS NOT BEEN SECNICED SINCE

Owner(s):

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

^ ^ ^

signing on behalflof the owner(s) a letter of authorization must accompany this application)

Date

78-

2014

Attach

Date

Authorized Agent:

(If you are:

Address to send permit しゅみこう

KETTLE

RIVER

8200

55025

Copy of Tax Statement V

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<u>2008</u>

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[[we] declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. [[we] acknowledge that I [we] am (are) prescribed property at any reasonable time for the providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. [[we] further accept liability which may be a result of Bayfield County relying on this information [[we] am (are) providing in or with this application. I [we] consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

